

2. The hand and forearm muscles are (apt to be) attacked at an early period.
3. The disease is one of childhood.
4. Heredity is a marked feature.
5. The disease shows a slight preference for the male sex.
6. Fibrillar or fascicular tremors are frequently, but not always, present.
7. Degenerative electrical changes are often an early phenomenon.
8. From the records of autopsies, as well as from the symptomatology, it may be inferred that the disease is an affection of the *peripheral nerves*.

A table of 20 recorded cases is given. This number will strike many readers as a small one, considering that the disease is not rare. But, until recently, neither pathologists nor clinicians have paid much attention to it. *Thesis for the degree of M.D.* London: H. K. Lewis, 1886.

C. B. KEETLEY (London).

**II. Osteoplastic Amputation of the Thigh According to Gritti.** By Dr. E. RIED (Munich). The author discusses the value of Gritti's amputation, and attempts a finding of the proper indication for its application. Ten cases operated upon, according to the modification by the older Ried of Gritti's operation, in the Jena clinic, 1865-1884, are also reported. The originator of the operation intended to bring the cicatrix of the stump outside the point where it would be subjected to pressure, to shape the bottom of the stump of a tissue accustomed to pressure, and finally to eliminate the subsequent conicity of the stump after the healing processes were completed. The modification of Ried is as follows: The extremity is held in the extended position. The anterior flap is formed by an incision passing from the middle of the external condyle of the femur (on the right side) or the internal condyle (on the left) to within 2 or 3 finger breadths below the border of the patella; the incision is carried from the other condyle downward and forward, meeting the first at the tuberosity of the tibia. The skin is retracted and the ligaments divided.

The crucial ligaments are left intact. The femur is divided at the upper limit of the patella. The posterior flap is now formed of skin and connective tissue; the rest of the structure being divided as high as the situation of the point of division of the femur. The arteries were tied. The patella then is freed from fat and connective tissue and the articular surface of the bone sawn off. The two flaps are apposed by means of one deep silver wire suture and several superficial catgut and silk sutures; closing with drainage, antiseptic dressing and higher position of the stump. The apposition of sawn surfaces of the patella and femur is a loose one. The quadriceps is given some room for shortening, without displacement of the patella. The exact apposition of patella and femur can be established after a few days, if the stump has been kept at perfect rest. In pre-antiseptic days the mortality resulting in cases operated upon by Gritti's method did not encourage its success. Antisepsis may change this entirely. On the battle field this operation even in the hands of a skilled surgeon demands time, and the chances of displacement of the patella through transportation should be considered. The cases in which it is indicated are those where there is plenty of preservation of skin for the anterior flap. It is indicated where in ulcers of the foot the extensive changes in the skin bar out an amputation in the leg; in faulty union or imperfect healing of fracture of the leg in its upper third; in recent complicated fractures of the leg where there is no extensive laceration of tissues above the knee; in tumors of the upper third of the leg; in extended necrosis of the tibia which excludes amputation in the course of the leg; in gunshot wounds as high as the tuberosity of the tibia. It is excluded where the shot has involved in any way the knee joint. The mortality in Ried's ten cases is 30%. In 144 cases collected by Salzmann from all sources the mortality reaches 48%. In Ried's cases three were performed in preantiseptic days with two deaths. Perfect cure and union of the patella resulted on an average in 48 days. (Salzmann 99 days). As to age Ried's cases ranged from the 19th to the 66th year of life.—*Deutsche Zeitsch. f. Chir.*, bd. 25, heft 3.